



Application Number	10/017533
Filing Date	10/23/2001
First Named Inventor	Paul Shala Henry et al.
Group Art Unit	2673
Examiner Name	
Attorney Docket Number	2001-0099B

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OFFICE OF PETITIONS

Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remarks		

CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☒ Correspondence address below

NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908-221-8525		
SIGNATURE		DATE	4/4/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 4/4/02

Type or Printed Name	Gary H. Monka		
Signature		Date	4/4/02

SEND TO: Commissioner for Patents, Washington, D.C. 20231

FEE TRANSMITTAL

Patent Fees are subject to annual revision.

**TOTAL AMOUNT
OF PAYMENT** \$130

Application Number 10/017533
 Filing Date 10/23/2001
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 Examiner Name
 Group/Art Unit 2673
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OFFICE OF PETITIONS**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
 Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	740	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
106	330	Design Filing Fee	
108	740	Reissue Filing Fee	
114	160	Provisional Filing Fee	

SUBTOTAL (1) 0**2. CLAIMS**

☐ Filing Under 37CFR 1.53 (b)
☐ CPA Under 37CFR 1.53 (d)
☐ Amendment

	Extra Claims	Fee from below	Fee Paid
Total - 20 =	0	18	0
Ind. - 3 =	0	84	0
Multiple Dependent Claims			0

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent Claims in excess of 3
104	280	Multiple Dependent Claims
109	84	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2) 0**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	400	Extension for reply within second month	
117	920	Extension for reply within third month	
118	1440	Extension for reply within fourth month	
128	1960	Extension for reply within fifth month	
119	320	Notice of Appeal	
120	320	Filing a brief in support of an appeal	
121	280	Request for oral hearing	
195	300	Publication fee	
140	110	Petition to revive - unavoidable	
141	1280	Petition to revive - unintentional	
142	1280	Utility issue fee (or reissue)	
143	460	Design Issue fee	
122	130	Petitions to the Commissioner	130
123	50	Petitions related to provisional applications	
126	180	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	740	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	Request for Continued Examination (RCE)	
169	900	Request for expedited exam of a design application	

Other fee (specify):

SUBTOTAL(3) 130**SUBMITTED BY**

Typed or Printed Name Gary H. Menka

Complete (if applicable)

Reg. Number 35290

Signature

Date

Deposit Account User ID